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# A Case Study: The Factors Associated With Student Homelessness

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## ABSTRACT

The purpose of this case study is to identify the factors associated with student homelessness. There are currently more than 1.5 million children who are living in a homeless family (National Center for Family Homelessness, 2009), and a percentage of that number are homeless students living on their own. This study engages existing literature to identify the causes of student homelessness and the impacts it has on the lives of those students. The study was conducted by using quantitative research through a Mood and Feelings Questionnaire (MFQ) and qualitative research by utilizing a psychosocial assessment called the home, education and employment, eating, activities with peers, drugs, sexual activity, suicide and depression, and safety (HEEADSSS). Through the utilization of both the questionnaire and assessment, this researcher was able to see into the lives of these students and discover the factors associated with student homelessness.

A Case Study: The Factors Associated With Student Homelessness

A Thesis

Presented to

The Faculty of the Graduate School

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science

In Social Work

By

Brittani Hudspeth

May 2016

This thesis is dedicated to my dad. Thank you for always believing in me, and pushing me to succeed. You are by far the smartest person I know, and I would not be graduating with my Master's degree if it weren't for you believing in me. You have motivated me through your everyday example that anything is possible if you work hard enough and believe in yourself. Thank you for always speaking with kind and encouraging words, even though I know there were days I did not make it easy. You are my inspiration to do well in life, and if I become half of the amazing counselor and person that you are, I will consider that a great accomplishment. I love you.

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## CHAPTER I

### INTRODUCTION

Homelessness in high school students exists in most schools around the country. Student homelessness has almost always been an issue; however, with the declining economy and current definition of student homelessness, there appears to be a rise in the number of students dealing with homelessness. Homeless children and youth usually fall into one of two groups: children who experience family homelessness and those who are identified as unaccompanied youths or youths that are not living with their biological parents/guardians. Definitions of student homelessness differ slightly by federal agencies, but the Department of Education has a broad and inclusive definition of homeless youth under the McKinney-Vento Act (2000). The McKinney-Vento Act defines homeless students as

individuals who lack a fixed, regular, and adequate nighttime residence; and children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. (Section 722, McKinney Vento Act, 2000)

A student may also be considered homeless if he or she is “doubled up,” a term which refers to a circumstance in which individuals are unable to maintain their housing situation and are sharing a residence with family members or friends (Dill, 2015). In the

case of students who are homeless, this may mean that their mother and father are no longer able to maintain their housing; therefore, they are living with a grandparent, aunt and uncle, or even an older sibling. In extreme cases, students may not be able to maintain housing with their biological mother and father, or any relatives, and are therefore forced to “couch surf,” a term that refers to students who stay with a series of friends (McLoughlin, 2013). When a student is “couch surfing,” this type of living arrangement is usually temporary, only lasting up to a few months.

Rates of student homelessness have increased dramatically throughout the United States in recent years. According to the U.S. Department of Education, the number of homeless students in the United States reached a record high during the 2012-13 school years (Bidwell, 2014). In any given year, approximately 1.6 million children in the United States experience homelessness, and research shows (Bidwell, 2014) that their living conditions commonly place these students at risk for academic underachievement and potential failure at school. Lack of education and low levels of schooling on the part of a parent or a guardian of a household are often thought of as indicators of poverty or are associated with poverty struggle (Bidwell, 2014). While these indicators have been known for some time, very little has been done to understand the actual lived experience of what it means to be homeless and live in poverty, and the impact it can have on educational experiences of at-risk youth. The existence and magnitude of poverty has been widely studied and documented. Researchers have identified and written about numerous indicators of multi-dimensional poverty; most of these were associated with lack of resources, unemployment, and lack of education (Callander, Schofield, & Shrestha, 2012). Multi-dimensional poverty can also include factors such as poor health,

inadequate living standard, lack of income, disempowerment, poor quality of work, and threat from violence. All of these factors can potentially play into reasons why a family may become homeless, and thus causing students to become homeless as well.

### **Children Living in Homeless Families**

According to the National Center for Family Homelessness, there are more than 1.5 million children who are living in a homeless family (2009). Among the children living in these families, 42% are under six years of age. The demographics of these homeless families show that African-American children disproportionately experience homelessness, and children of American-Indian background have a slightly higher percentage of homelessness compared to other races and nationalities (Nunez, 2012). Families who experience acute or transitional homelessness are more likely to be led by a single-mother in her twenties who has young children.

### **Unaccompanied Youth**

It is estimated that there are 1.6 to 1.7 million children and youth that are on the list of runaways each year (Burt, 2007). Children and youth who are identified as unaccompanied can be categorized into three subgroups. The first group is runaway homeless youth who stay at least 24 hours out of the home without parent or guardian's permission. The second group is called "throwaway" youth, so named because their parent or guardian encouraged them to leave or simply kicked them out of the home before the legal age of 18. The third group is called independent youth, and these are youths that have severe family conflicts or crisis, and many of these youths have lost contact with their family (2007). There are more females than males that run away or are considered independent youth. There are typically more African-American and Native

American youth that are represented in these sub-groups of unaccompanied youth. The reason for this over-representation is unknown. In addition, 20-40% of all homeless youth identify themselves as being part of the LGBT community (Ray, 2006).

### **McKinney Vento**

The signing of the McKinney-Vento Homeless Assistance Act of 1987 by President Ronald Reagan signified the first large-scale federal response to homelessness (Mohan & Shields, 2014). This program is designed to address the problems that homeless students could potentially face in enrolling in, attending, and succeeding in school. With this program State Educational Agencies (SEAs) must ensure that homeless students have access to the same free public education and other services that the students may need to support their academic needs in order to meet the same student academic achievement standards to which all students are held (2014). This means that a student will receive the same education and tutoring in order to pass a standardized test required by the state. The policy ensures that homeless students will not be separated from the mainstream school environment except for challenging cases in academics or behavior.

Each educational agency must assign a designated staff person to serve as the McKinney-Vento homeless liaison to ensure that they are in compliance with this law. This person is in charge of identifying homeless children and youth and making certain that they have equal opportunity to succeed in school. Under this act, homeless students automatically qualify for free lunch at school and cannot be left out of any enrichment programs or supplemental services (See Section 722). Homeless students are in need of support in the area of academics. According to the Institute for Children, Poverty, and Homeless, less than one-quarter of homeless elementary students are proficient in math

(21.5%) and reading (24.4%), as opposed to over one-third (39.6% and 33.8% respectively) of their peers. High school students who are homeless are even less likely to be proficient in other subjects: 11.4% in math and 14.6% in reading versus 32.2% and 30.9% of their housed peers (ICPH, 2014).

There are various definitions of student homelessness, and the impact this experience can have on a student's education and livelihood. The rate of student homelessness continues to grow, and educators need to be aware of the ways in which this issue can affect a student's classroom behavior and academic achievement. The purpose of this case study is to explore the needs of students in the homeless population and to answer the question, "what are the factors associated with student homelessness?" The following is a review of current literature on homeless and unaccompanied youth.

## CHAPTER II

### CONCEPTUAL FRAMEWORK

A conceptual framework is described as “a visual or written product, one that explains either graphically or in narrative form, the main things to be studied--the key factors, concepts, or guiding principles--and the presumed relationships among them” (Miles & Huberman, 1994, p. 18). A conceptual framework is primarily a conception or model of what the literature already says about a topic, in this case student homelessness, and what a researcher plans to study (Maxwell, 2005, p. 33). Every conceptual framework develops its foundation on a theory because this allows the researcher to develop a design for his/her study and to assess and refine goals that will develop realistic and relevant research questions (2005). The conceptual framework sets the foundation for the entire research study and allows the researcher to connect the research goal and direct the collection and analysis of data.

Primary educators of kindergarten through 12th grade can be unaware of the factors that can potentially prevent a homeless student from succeeding in school. Homeless and unaccompanied students too often are not given the resources they need to be successful in school because the school does not fully understand the needs of the student. If school districts knew the possible factors that are associated with homeless youth, the issues of poor academic performance and dropouts could potentially be reduced or resolved. This researcher believes that a student’s primary needs must be met before his or her focus on learning can take place.

### **Maslow's Hierarchy of Needs**

Abraham Maslow created his five-level hierarchy of needs by observing the growth and development of nursing students in the academic setting (Freitas and Leonard, 2011). According to Maslow, a person's essential needs are food, clothing, air, and shelter; these are needs necessary for survival. Unless these needs are met, the person cannot progress on the pyramid to achieve higher levels of growth and development, such as achieving in school and attaining higher education (Hamel, Leclerc, & Lefrancois, 2003). Maslow's pyramid moves up in this order: safety and security, love and belonging, and self-esteem and self-actualization (Hamel, Leclerc, & Lefrancois, 2003). Maslow observed that reaching self-actualization depends on having the basic survival needs met. For this reason, students who do not have their basic needs met cannot be expected to achieve academically. For example, if a child is hungry or has no shelter for the upcoming night, then expecting the student to ace a test is unrealistic. Educators need to be aware of this pyramid of need so that homeless youth can receive the help and resources they need to be successful at school (see Appendix B).

### **Systems Theory**

This theory was created by Ludwig von Bertalanffy (Greenfield, 2011) and adapted by Niklas Luhmann in social systems theory and describes human behavior in terms of complex systems. Systems theory is grounded on the idea that an effective system is based on individual needs, rewards, expectations, and characteristics of the people living in the system (Greenfield, 2011). According to this theory, families and organizations, such as schools, churches, and friends, are involved in resolving a problem even if it is an individual issue. For example, if a homeless student is struggling in a class



and cannot make it to tutoring because of an after school job, the student would not be left alone to resolve the issue. Systems theory says systems effect each other. Systems work together because systems affect one another (see Appendix C).

Both of these theories show the importance of homeless students meeting primary needs before focusing on academics. Maslow's Hierarchy of Needs shows how an individual's needs progress, and systems theory shows that students are affected in one area because of challenges in other areas. It takes a community to provide the needs and services for these students to be successful in school. Primary educators should be aware of these theories to better serve the homeless population at their schools.

## CHAPTER III

### LITERATURE REVIEW

#### **Factors Contributing to Homelessness**

Homelessness represents a scarcity of basic human needs. However, while other types of scarcities, such as hunger, occur mainly as a result of poverty and economic uncertainty, factors that contribute to homelessness are multi-faceted. These factors also differ based on the type of homelessness experienced by children and youth. These factors can include lack of affordable housing, economic uncertainty, violence at home, behavioral health, lack of social support, and involvement in the child welfare system (Miller, 2011).

#### **Lack of Affordable Housing**

In a decade, the number of affordable housing units declined. Between 1993 and 2003, the proportion of low-cost rental units decreased by 13% due to the loss of older, lower-quality apartments in the private market (Joint Center for Housing Studies, 2006). About 40% of households with children ages birth through 17 reported one or more of the following housing problems: physically inadequate housing, crowded housing, or the associated high cost burden (2006). Typically, when a household pays more than 30% of its annual income on housing, it is considered to be a cost burden to the family. There was a percentage decrease of households that reported physically inadequate housing or crowded housing between 1978 and 2005. However 34% of families reported in 2005 a cost burden that resulted from rent that was greater than 30% of their annual income

(Federal Interagency Forum, 2007). In 1978, only 15% of families reported this cost burden.

### **Economic Insecurity**

According to researchers, economic insecurity illustrates the risk of economic loss faced by workers and households as they come across the unpredictable events of social life, which is a reason many families end up homeless (Western, Bloome, Sosnaud, & Tach, 2012). More than 60% of families in 2005 with an income less than 30% of the HUD-adjusted area median family income were paying well over half of their income for rent alone, and about the same percentage of families were also living in insufficient housing (2007). The number of unemployed individuals has increased since the start of the recession in December 2007 by more than seven million, to 14.5 million, and the unemployment rate has risen to 9.4 % overall. For those with blue-collar jobs or non-professional jobs, the unemployment rate is even higher, which makes low-income families more susceptible to job layoffs (U.S. Department of Labor, 2009). Among homeless families with children, single mothers head more than 80%, and 54% of children in low-income families live with a single parent (National Center for Children in Poverty, 2009). The majority of homeless mothers rely on public assistance.

### **Violence at Home**

Violence at home is a major predictor of the possibility that children and youth will experience homelessness at some point in their life. Research has shown that 80% of homeless mothers previously experienced domestic violence (Bassuk et al., 1997). Women who live with their children in homeless and domestic violence shelters have been found to have very similar characteristics, including their exposure to past traumatic

experiences. Violence from a domestic partner is a known factor in housing instability. Unaccompanied youth often have prior experiences of violence, whether they were a witness or were abused physically or sexually themselves (Covenant Housing Institute, 2009). There are more reports of fights and physical or emotional abuse from family members among youth that live in runaway and homeless shelters, compared to homeless youth that do not live in a shelter (Covenant Housing Institute, 2009).

### **Behavioral Health**

Behavioral health problems are predictors of youth running away from home and/or becoming homeless. Exposure to violence or trauma can contribute to behavioral health problems among homeless children and youth. Unaccompanied youth are more likely to be depressed and to have mental health or substance abuse problems such as smoking, drinking, and other drug use, as compared to housed youth (Whitbeck, Hoyt, & Bao, 2000). Runaway and homeless experiences can influence mental health status; however, youth who experience homelessness display more behavioral problems prior to their homeless experiences compared with youth who do not experience runaway or homeless episodes, suggesting a possible contributing factor.

### **Lack of Positive Social Support**

Homeless families with children and unaccompanied youth tend to have weak or unstable social supports. Research shows that these types of families have fewer social networks and less social support (Bassuk et al., 1997). According to Tucker et al., “even homeless families with larger social networks do not perceive their social networks as resources for positive support nor as a base of strong relationships,” which indicates that size of network does not contribute to feeling supported by others (2009).

Unaccompanied youth are more likely to report family problems. Also, unaccompanied youth tend to report their friends as a major source of support more frequently than their own parents. These same youth also attempt to take street networks and substitute them for their own failed family networks. Neither of these substitutions for family networks can provide the same type of support that a family can provide (Whitbeck, Rose, & Johnson, 2009).

### **Involvement in the Child Welfare System**

Children and youth in foster care are at a higher risk of homelessness. Among youth in foster care, 49% can report a history of running away from home (Nesmith, 2006). American-Indian youth in foster care are twice as likely to run away and experience homelessness as their white counterparts. Research indicates between 14% and 50% of foster youth will experience homelessness at some point in their life (Nesmith, 2006).

As one can see, there are many factors that contribute to a student becoming homeless. Living in poverty, violence in the home, mental and behavioral health, and living in the foster care system are just a few of the factors causing a student or family to become homeless. Many of these factors are unpreventable by the individual and are potentially based on the family background. Regardless of the causes of homelessness, the experience can negatively impact the well being of the student.

### **The Impact of Homelessness on Children and Youth**

#### **Food Insecurity**

Researchers define food insecurity as “the state of being without reliable access to a sufficient quantity of affordable, nutritious food,” which impacts a large number of

homeless students (Crawford, et al., 2015). Healthy meals are usually available at soup kitchens and homeless shelters; however, there is limited research on food insecurity with children living in homeless families and unaccompanied youth. Most research available is based on adults or small samples of children. A study based on a national sample of homeless adults reports that about 60% reported inadequate food consumption in terms of amount and frequency of meals (Lee & Greif, 2008). About 40% reported fasting for an entire day, and the same proportion of homeless adults also reported an inability to afford food during the past month (2008). Research suggests that children living in homeless families and unaccompanied youth possibly experience more food insecurity because they are less capable to secure food, and that fruit and dairy products served for youth in homeless shelters are often below recommended nutritional levels. Homeless youth also have inadequate intakes of necessary nutrition, such as iron, magnesium, zinc, or vitamins (2008).

## **Health**

Food insecurity linked with homelessness impacts the health of children living in homeless families as well as unaccompanied youth. Based on the data from a small sample, about 45% of homeless children and youth are overweight or at-risk of being overweight due to inappropriate food consumption (Richards & Smith, 2007). Many homeless shelters do not provide adequate nutritious food choices. Many shelters can only provide snack type food such as chips, crackers, cookies, soda, and other items that can be found in a vending machine. The reason for this is that the shelters do not have the ability to provide everyone with an oven, so residents are unable to cook for themselves, causing them to rely on whatever is readily available. Research also indicates that being

overweight and obese are prevalent among homeless children and youth who live on the streets because they do not have access to a kitchen but instead rely on food that can be found at a convenience store (Richards & Smith, 2007).

Homelessness has been associated with other health risks among children and youth. One study reports that homeless children are more likely to have fair or poor health compared with non-homeless lower-income children (Grant et al., 2007).

Homeless mothers are also more likely to report that their children have experienced various health problems, such as fevers, ear infection, diarrhea, bronchitis, or asthma. While asthma is somewhat common among young children, 40% of children with homeless experiences have experienced asthma related health problems (Grant et al., 2007).

Unaccompanied youth are at a higher risk of sexually transmitted diseases because of risky sexual behaviors, such as not using of condoms and multiple sexual partners (Noell et al., 2001). Unaccompanied youth are also at a higher risk of pregnancy during their teen years, and those with sexually transmitted diseases (STDs) are also more likely to be pregnant than those without STDs (Thompson, Bender, Lewis, & Watkins, 2008). Reasons for higher pregnancy in homeless or unaccompanied youth include limited access to healthcare, which means they are unable to receive birth control. While condoms are cheaper and more accessible, they still cost money that unaccompanied youth often do not have. For homeless youth, sex is not always a recreational activity, but rather at times it is used in order to access protection, food or money. Homeless youth will risk getting pregnant because to them the benefits outweigh the risks (Noell et al., 2001).

## **Exposure to Violence and Trauma**

Homeless children and youth are more likely to witness and/or experience violence prior to homeless episodes; however, they are also exposed to more violence due to the public nature of their lives (Covenant Housing Institute, 2009). Living conditions are typically associated with poverty, and they are commonly living on the streets, in shelters, doubling up with others, or crowded housing. Unaccompanied youth are also more susceptible to physical or sexual victimization. Sexual victimization can occur through rape, prostitution, and sex trafficking. According to a study conducted on homeless youth, more than one-third of the adolescents met criteria for post-traumatic stress disorder (PTSD) (Whitbeck, 2007). Among those adolescents, an estimated 45% of males and 28% of females experienced assault with a weapon, and 42% of unaccompanied females experienced sexual assault (Whitbeck, Hoyt, Johnson, & Chen, 2007). Homeless youth that identify as LGBTQ have a higher likelihood of being victimized on the streets, compared with youth that identify as heterosexual (59% vs. 33%) (Whitbeck et al., 2007). Nearly one in five homeless youth have attempted suicide at some point in their lives, and more than half of heterosexual homeless youth had suicidal thoughts. However, about three-fourths of LGBT youth have had suicidal thoughts at some point their life. (Yoder, Whitbeck, and Hoyt, 2008). Homeless youth in the LGBT community are likely to experience seclusion and suicidal thoughts because they are often bullied or victimized for their sexual orientation.

Substance abuse is also common among homeless youth on the streets. Substances such as tobacco (81%), alcohol (80%), or marijuana (75%) are most commonly used by unaccompanied youth on the streets, while homeless youth in shelters



have slightly lower substance use of tobacco (52%), alcohol (67%), and marijuana (71%) (Hudson & Nandy, 2012). Homeless youth on the street versus homeless youth in shelters are more likely to use simply because access to these substances is more available to them.

### **Juvenile Delinquency**

Unaccompanied youth tend to engage in delinquent survival strategies on the streets for several reasons. First, unaccompanied youth living on the streets have few reasonable means to support themselves (Yoder, Bender, Thompson, Ferguson, & Haffejee, 2014). They typically do not have many job skills, if any. And often, they do not have a high school diploma, which is required for many jobs. Also, many jobs require a social security card or identification of some kind, and many homeless youth do not have access to either of these. Second, youth that have frequent runaway experiences are more likely to be involved in delinquent survival strategies, such as selling drugs, shoplifting, burglary, robbery or prostitution because they lack job skills so this is a fast and “easy” way to get money (Yoder et. al., 2014). Runaway youth are also more likely to be arrested at some point, not including arrest for being a runaway. A study in Canada reports that the longer unaccompanied youth experience homelessness, the higher the probability of committing a crime; and further, in addition to being homeless, the lack of financial assistance from the state also increases the likelihood of youth being involved in violent crime (Baron, 2008).

There is a wide range of negative impacts that homelessness can have on students. Because of the negative impact, many students drop out before they finish high school. For this reason, it is crucial to offer these students support and resources to guide them

out of homelessness and give them a chance to succeed not only in school but in life as well.

### **Mental Health as a Factor**

Mental health differs from behavioral health in that it includes our psychological, emotional, and social well-being, not just behavior. According to the U.S. Department of Health and Human Services, mental health affects how a person thinks, feels, acts and plays a role in how individuals handle stress, relate to others, and make choices in their life (2014). Mental health is essential at every phase in life, from childhood and adolescence through adulthood. Children living in homeless families and unaccompanied youth have a greater risk of experiencing mental health problems than youth who have never experienced homelessness (Shinn et al., 2008). It has been reported that young children with homeless experiences had more behavioral problems based on the Child Behavior Check List (CBCL) than housed children (Shinn, 2008). A study on school-aged children of homeless families reported that a higher proportion of homeless children experienced mental disorders with impairment, such as disruptive behavior disorders, social phobia, and major depression, as compared to their low-income housed counterparts (Anooshian, 2005). The following issues are often observed in students who are homeless: learning disabilities, behavior disorders, and emotional problems. Loss of stability and safety, fractured families, hunger, overcrowded living conditions, disrupted education because of multiple moves within a school year, increased exposure to disease, violence, substance abuse, and mental illness. These are the issues that bring out and intensify emotional problems (potential mental health) in homeless students (San Agustin et al., 1999).

A study done by Ohio State University showed that school-age children who experience homelessness are at a higher risk of mental health issues than children who are not homeless (Wagner, 1999). The study found that, of 46 homeless children aged 8 to 12, 57% showed symptoms of depression. In addition, 13% of these homeless children met the criteria for clinical depression (Wagner, 1999). Boys appeared to be at a higher risk of these symptoms than girls. Children account for approximately 38 percent of the homeless population in the United States. Research has shown in the past that children who live in extreme poverty are more likely to suffer mental illness, which is why many homeless youth are vulnerable to mental health issues (Wagner, 1999). Not knowing where the next meal will come from or where shelter will be on any given night has the potential to drive any person into depression. Children and youth typically can rely on parents or guardians to take care of their basic needs; however, if children are unaccompanied, then the stress of being on their own can potentially cause them to experience depression.

### **Education**

Family residential stability is highly associated with educational success of children and youth and likewise, homelessness is a potential factor in poor educational outcomes for children and youth (Rafferty, Shinn, & Weitzman, 2004). Homeless children and youth are more likely to have grade retention than students who have never experienced homelessness (Rafferty, Shinn, & Weitzman, 2004). Homeless youth typically attend more schools throughout their educational career due to lack of housing and because of the transitional nature of homelessness compared to youth who never experience homelessness during their education. An estimated 39% of sheltered homeless

children miss more than one week of school during a 3-month period, and change schools from two to five times during a 12-month period (Zima, Bussing, Forness, & Benjamin, 1997). Absenteeism and school movement are among the major factors that impact school success for children living in homeless families and for unaccompanied youth. If a child stays at the same school and receives the stability of having the same class and teachers all year, the student is much more likely to succeed in education. Homeless youth typically do not have the stability of the same class and teachers all year. Because of this instability, they can be as much as six months behind in school at any given time (Zima et al., 1997). Regardless of age level, homelessness impacts academic achievement; and homeless children's testing scores are often below grade level, compared with non-homeless children. Almost half of sheltered homeless children require a special education evaluation at some point during their education, and "less than 23% of those with any disability had ever received special education evaluation or special education services" (Zima et al., 1997). Runaway and homeless youth are much less likely to complete high school, than those without runaway or homeless experiences (Aratani & Cooper, 2008).

Children and youth experiencing homelessness can often struggle academically in school. There are many reasons homeless students struggle, including the possibility that they may hear fewer words as babies and therefore have limited vocabulary development. Homeless students are also less likely to be raised in an environment that has access to books, computers, and other educational materials. In addition, the language that they are likely to hear is more literal, rather than abstract and filled with adjectives. It has been stated, "vocabulary is at the heart of oral language comprehension and sets the foundation

for domain-specific knowledge and later reading comprehension” (Loren, p. 300, 2014).

Limited vocabulary may also hinder a child from using context clues to help reading comprehension. Written language is decontextualized; therefore, it requires a well-developed vocabulary and knowledge of the rules of language in order to be fully understood (Catts, 1997).

## **Policies and Practices**

### **The Runaway and Homeless Youth Protection Act**

In 1974 Congress passed The Runaway and Homeless Youth Act (RHY) (Fernandes-Alcantara, 2013). The federal government took action due to the rising population of homeless youth in the early 1970s (Fernandes-Alcantara, 2013). The RHYP currently allows federal funding for three programs—the Basic Center Program, Transitional Living Program, and Street Outreach Program. The Basic Center Program (BCP) offers emergency shelter and services/resources that are associated with food, clothing, counseling, access to health care, and reunification with families if possible. Every year the BCP serves approximately 40,000 to 50,000 homeless youth (2013). Transitional Living Program (TLP) provides support through long-term residential services for self-sufficiency living to homeless youth ages 16 to 21 and serves approximately 3,500 to 4,000 youth each year. This program teaches adolescents what self-sufficiency looks like and how to achieve that lifestyle. Homeless youth who use the TLP receive longer-term housing with supportive services (2013). Street Outreach provides financial assistance to private and nonprofit agencies for outreach efforts that are targeted towards getting youth off of the streets. Most of the outreach efforts are done

by providing information and referrals to crisis interventions (U.S. Department of Health and Human Services, 2008).

### **Housing Subsidy Programs**

There are many housing programs available for low-income families, such as Section 8 programs and public housing (Carlson, Haveman, Kaplan, & Wolfe, 2011). The key objective of the program is to help “very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market” (U.S. Department of Housing and Urban Development, 2010a, p. 1). Families are typically asked to pay 30% of their monthly income in rent. Section 8 rental vouchers and public housing can provide assistance to low-income families. These programs can also provide vouchers and have certificate programs that have offered private housing to more than 2.1 million families (Carlson, Haveman, Kaplan & Wolfe, 2011). Public housing includes buildings that are owned by the public housing authority. To be eligible for public housing, a family must be low-income, elderly, or have disability status.

There are other programs that require families to pay 30% of their monthly income for units that have low-income housing tax credit (LIHTC) and home investment partnership. The LIHTC offers financial assistance and funding to developers, which covers cost of building, and the LIHTC adds over 90,000 housing units every year for low-income families (U.S. Department of Housing and Urban Development, 2007).

### **Chafee Foster Care Independence Act**

The John H. Chafee Foster Care Independence Program (CFCIP) (Foster Care Independence Act, 1999) helps provide numerous types of assistance to support current and previous foster care youths to have a successful transition from foster care to

adulthood and to prevent adult homelessness (Guinn, 2000). The purpose of the CFCIP is “to ensure that these youths become self-sufficient, independent adults, and that they do not succumb to the life of poverty that is the trend among this population” (2000). Grants are in place and are offered to states that have a plan to help youth in different areas. These areas can include education, employment, financial management, housing, and emotional support. These grants also target older youth who are currently in foster care as well as young adults ranging from 18 to 21 years of age who aged out of the foster care system. The Educational and Training Vouchers Program (ETV) for youths that would age out of foster care was added to the CFCIP in 2002 (Guinn, 2000). This program provides financial assistance to help target needs of education and training in youth that will be aging out of foster care. Currently there is authorization of \$140 million for the CFCIP program; however, the law authorized an additional \$60 million to states for post-secondary educational and training vouchers to former foster care youth who will likely experience difficulty after the age of 18. This same program offers vouchers of up to \$5,000 per year per individual for post-secondary education and training for youth who are eligible (U.S. Department of Health and Human Services, 2008).

As one can see, there are many reasons students end up homeless. It is not always a lack of money or support that brings a family to live on the streets. There are also negative impacts that being homeless can have on many areas of a student’s life, not including academics. It is important for educators and professionals to understand the causes of homelessness and the impact it can have on student lives. By understanding this issue better, one can begin to reach out and help these students.

## CHAPTER IV

### METHODOLOGY

The current study is a case study addressing the question “what are the factors associated with student homelessness?” The study used qualitative data to discover the factors of homeless students on an individual level, and quantitative data to measure the students’ risk of depression. Because this was a case study, a small number of individuals were asked to participate. Additionally, only a small number of participants were available. This researcher chose to use a case study because this method is a type of descriptive research. A case study looks intensely at an individual or small group, drawing conclusions only about that participant or group and only in that specific context (Bronwyn et al., 2012). In a case study, researchers do not focus on the discovery of a universal, generalizable truth, nor do they look for cause-effect relationships; instead, emphasis is placed on exploration and description (Bronwyn et al., 2012).

#### **Sample**

High school students ranging from freshman to seniors in a West Texas city were targeted for participation. The only criteria for this study were that the students must attend this particular high school, and that the students were homeless or unaccompanied.

#### **Data Collection/Procedures**

After IRB approval, a purposive sample was asked to participate in the case study. The researcher gave each participant a consent form. Because the students were homeless or unaccompanied, parental consent was waived by IRB and not required for this study



based on code of federal regulation §46.408 that states, “if the IRB determines that a research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children), it may waive the consent requirements” (Protection of Human Subjects, 2009). The only identified homeless/unaccompanied students that returned a consent form were pulled out of class by the researcher over a time frame of one week to participate in an interview.

### **Measurements**

The researcher utilized an interview called the Home, Education and employment, Eating, Activities with peers, Drugs, Sexual activity, Suicide and depression, and Safety (HEEADSSS) assessment (Goldenring & Rosen, 2004) to learn about a student’s home life, education, eating habits, activities (hobbies), drug use, risky behavior, mental health and safety of participants in the case study. The HEEADSSS assessment was developed by Dr. John M. Goldenring and Dr. David S. Rosen. This assessment is a practical and complementary strategy that researchers can use to build on and incorporate in their practices. One of the best qualities of the HEEADSSS assessment is that it proceeds naturally from expected and less threatening questions to more personal and intrusive questions (Goldenring & Rosen, 2004). This gives the researcher an opportunity to establish trust and rapport with the adolescent before asking the most difficult questions in the psychosocial interview (2004). This assessment was conducted through an interview lasting no more than one hour.

The students also participated in a Mood and Feelings Questionnaire (MFQ) to measure the risk of an adolescent experiencing depression. The questionnaire was

developed in 1987 by Adrian Angold and Elizabeth J. Costello (Angold et al., 1995). The questionnaire consists of a variety of statements describing feelings or behaviors that may manifest as depressive symptoms in adolescents (Turner, Joinson, Peters, Wiles, & Lewis, 2014). The adolescents are asked to indicate how much each statement applies to their recent experiences. The MFQ is created in the form of a self-report questionnaire for the adolescent. There is a short version (13 questions) and a long version (33 questions) of the MFQ. For the sake of this study, this researcher chose to utilize the longer version of this questionnaire to receive a more accurate measure. Several peer-reviewed studies have found the MFQ to be a reliable and valid measure of depression in adolescents (2014). The Institute of Psychological Medicine and Clinical Neurosciences utilized the MFQ to do a study on suicide and depression amongst adolescents and their parents (Hammerton, Zammit, Potter, Thapar, & Collishaw, 2014). The area under the curve (AUC) measures for validity of any given survey or questionnaire and informs the researcher of the whether or not the survey is accurate. Any score above a .8 means that the validity is good and accurate. The AUC for criterion validity on the MFQ is 0.87, with a 95% confidence interval [0.85, 0.89], which suggests a high level of general discriminatory ability of the MFQ for identification of depression on the CIS-R (Hammerton et al., 2014). Simply stated, this high level of general discriminatory ability demonstrates to the researcher how valid any survey is. The CIS-R mentioned above is an assessment of minor psychiatric disorders and has been used in several randomized clinical trials of depression (Kessler et al., 2009). The MFQ is scored by adding together the point values for each question. The point values are as follows: 0 points= “not true,” 1 point= “somewhat true,” and 2 points= “true.” Statements such as “I felt miserable or

unhappy” and “I did everything wrong” are listed on the questionnaire, and adolescents are to self-report how they have been feeling or acting within the past two weeks. The scores can vary from 0 being the lowest to 66 being the highest. Higher scores on the MFQ may suggest the risk of depression, while an average of 32 may suggest average behavior from an adolescent (Angold et al., 1995). (see Appendix D)

After data was collected, this researcher performed a qualitative analysis to determine factors that could be associated with students who experience homelessness. A content analysis was performed and emergent themes were brought to the attention of the researcher. This process was heavily influenced by Steve Stemler from Yale University who describes a content analysis as, “a systematic, replicable technique for compressing many words of text into fewer content categories...” (2001) Content analysis is also useful in finding patterns and common themes in documents or data. Prior themes were also utilized during the analysis. This researcher is hopeful that the information that was collected will be informative to educators on how to work with homeless students and how to better serve the homeless students in the community. The de-identified data collected was shared with a local agency (Communities in Schools) that works with at-risk homeless youth in hopes that it will benefit their agency and their work with this particular population.

## CHAPTER V

### RESULTS

This case study addressed the question “what are the factors associated with student homelessness.” Below are demographic and study results from the case study.

#### **Demographics**

Participants for this case study included two adolescents, between the ages of 16 to 18, with male and female of different ethnicities, Caucasian and African-American. Both of these students were either homeless or unaccompanied and had maintained this status for at least six months. For the sake of confidentiality, names of both participants have been changed to Participant A and Participant B. Both participants were asked to engage in an HEEADSSS Psychosocial interview for adolescents (Goldenring & Rosen, 2004) as well as take the MFQ (Angold et al., 1995).

#### **Quantitative**

Participants were asked to do a self-report questionnaire (MFQ), which measured the risk of depression based on their mood and feelings over a period of two weeks prior to taking the questionnaire. Below is a chart that demonstrates the results from the participants. (see Appendix F)

Based on the measurements of MFQ Participant A received a score of 17, which is less than the average score of 32, and Participant B received a score of 0, which is also less than 32.

Table 1

*Mood and Feelings Questionnaire Results*

Participant	Score	Result
<b>Participant A</b>	17	<32
<b>Participant B</b>	0	<32

**Qualitative**

A qualitative analysis was performed on responses received from the HEEADSSS psychosocial assessment. Priori themes that this researcher anticipated before collecting data were broken down into each of the following sections: housing, education, mental health, and behavioral health. A priori theme is a philosophical term that means knowledge that is gained through deduction, and not through observed evidence (Tahko, 2008). Researchers look for priori themes in data before analyzing it, and often priori themes are assumed ideas before any data have been collected. Results for the HEEADSSS assessment can be found in Appendix E. The following themes were identified in literature:

- **Unstable Housing**-This theme was not supported by the data. According to the responses from the HEEADSSS assessment, this theme was not demonstrated from the participants used in this study. Both participants reported having stable home environments and good relationships with the individuals with which they lived. Responses from the assessment indicate that one participant has only moved once in the past year, and the other participant has moved three times within the past year.

- Absenteeism-This theme was not supported by the data. Both participants reported that they made good grades and attend school regularly. Participant A reported earning As and Bs, while Participant B reported earning As, Bs, and Cs. Another theme is homeless and unaccompanied students not going to college. According to participants' responses, this is not the circumstance for every homeless student. Participants reported the following statements, "I want to go to Cisco, then Texas Tech. I want to major in English to be a teacher," and "I want to attend college".
- Poor Nutrition-This theme was not supported by the data. Both participants stated that a healthy diet consisted of balancing foods and following the food pyramid. When asked how the participant would feel to lose or gain 10 pounds, participants reported, "if I gained 10 pounds I would be happy, but if lost 10 pounds I would be angry," and "I would feel good if I lost 10 pounds."
- Inactive in Community-This theme was not supported by the data. Both participants are active in community and school activities. Participants reported involvement in the audiovisual club at school, youth group at church, and involvement in athletics at school.
- Drugs and Substance Abuse-This theme was not supported by the data. Responses from participants varied on this topic. Participant A reported never using drugs for recreational or addictive use. Participant B reported having engaged in recreational drugs but has not done so in the past year.

- Sexual Activity-This theme was not supported by the data. Participants reported “no involvement in sexual activity,” and “engaged in sexual activity.”
- Depression and Risk for Suicide-This theme was not supported by the data. Responses varied between participants in study. Participant A stated “no” when asked about attempted suicide. Participant B stated “yes” when asked about attempted suicide.
- Lack of Safety- This theme was supported by data, however only in the home. Both participants reported, “yes” when asked about violence at home, but “no” when asked about violence at school.

After analyzing the qualitative data, this researcher also discovered an emergent theme among the participants. An emergent theme refers to the development or ‘emergence’ of themes from the data (Williams, 2008). This researcher discovered the theme of *support*, finding that the amount of support that a homeless student receives from an adult of any kind (counselor, teacher, social worker, etc.) appears to play a role in their life success. This theme is demonstrated by the question provided in the HEEADSSS that asks, “to whom can you talk to at home?” Participant A reported being able to talk to a friend’s mom, and Participant B reported being able to talk to a foster mom. Another question that demonstrates support asks, “Do you feel safe at school?” Both participants reported “yes” to feeling safe at school. The data seems to show that the more support a homeless student receives the more likely he or she is to succeed in school, and the less likely he or she is to experiment with risky behavior (sex, drugs, etc.).

Another emergent theme this researcher discovered was belonging, which is the importance of a homeless student belonging to a group, whether it is at school or in the community. This theme is demonstrated by the question “Do you feel connected to your school? Do you feel as if you belong?” Participant A reported, “no,” and participant B reported “yes.” Participant A reported involvement in outside activities but is not involved in school clubs. Participant B reported involvement in school athletics.

### **Discussion of Findings**

#### **Review of Findings**

Based on measurements from the MFQ, Participant A received a score of 17, which suggests this participant is slightly less likely to be at risk for depression. Participant B received a score of 0, which suggests that this participant is not at risk for depression. The MFQ score that represents “average” is 32, and a score of 66 represents a high risk of depression. Since both participants received a score less than 32, this suggests that neither participant is at risk of experiencing depression. This researcher concludes that the reason for the participants scoring low is because both reported having a supportive adult in their life. This researcher considers having support in at least one aspect of life to be a positive impact on the outcome of a homeless student experiencing depression. Another conclusion for the low score is each participant having a sense of belonging to a group, whether it is at school or in the community. Both participants reported involvement with clubs at school such as “audiovisual” and “athletics” and involvement in the community with “church”.



## **Relationship to Literature**

After collecting and analyzing data this researcher observed that there were findings that did not match literature. The literature suggests that homeless students are at a higher risk of being behind in school and are less proficient in core subjects such as math, science, English, and social studies (ICPH, 2014). The data shows, however, that neither participant was behind in school and that these particular students regularly pass classes.

Literature (Covenant Housing Institute, 2009) also suggests violence to be a common problem among homeless students, whether it is in the home or on the streets. The violence can also occur to the students themselves, or the students can be witness to the violence occurring. Neither participants reported having been involved in any act of violence themselves, but both participants reported witnessing violence by previous family members.

As mentioned earlier, this researcher considers having support in at least one aspect of life to be a positive impact on the outcome of a homeless student. Literature (Bassuk et al., 1997) states homeless students tend to have weak or unstable social supports. The lack of positive social support can be damaging to an adolescent who is out on his or her own. However, both participants reported having at least one person they could talk to at home. Having at least one person that shares positive support can have a lasting impact on homeless students.

Food insecurity is a concern of homeless students mentioned in literature (Lee & Greif, 2008). It has been reported that many homeless students do not get the proper nutrition they need for their growing bodies due to lack of affordability. Both

participants, however, reported having adequate food, and both stated they knew what a healthy and balanced meal consisted of. It is the belief of this researcher that homeless students who have stable living environments are more prone to getting adequate and proper nutrition.

Literature also suggests that substance abuse is common among homeless students (Hudson & Nandy, 2008). One participant reported never having used drugs or alcohol for recreational purposes however; one participant did report engagement in alcohol for recreation use. This researcher thinks that perhaps the length of time with the status as “homeless” could have affected the participant’s decision to engage in substance abuse for the reason that this participant had been identified as homeless for 14 years.

It appears as if a common pattern among the participant responses is the effect that homelessness has on the severity of “risky” behavior and education. Participants who have experienced homelessness for a shorter amount of time seem to be less negatively affected overall. The risky behavior seems to increase the longer the participant has been labeled as homeless or unaccompanied. Participant B, for example, has been involved in the foster care system for 14 years and has participated in risky behavior more often than the Participant A, who has become homeless within the past year. This is not necessarily a predictor, but the assessment suggests that the length of time as a homeless student could be a contributing factor to the involvement in risky behavior.

Another common pattern is the amount of positive support that these participants have. Both participants reported having at least one person in their home that they could talk to and rely on if needed. It is the belief of this researcher that having just one person

that a homeless student can turn to for support can have a lasting and positive impact on their life.

The data collected appears to conflict with what literature says to be true. This researcher thinks part of the reason is because of the amount of support both participants reported having. Also, this researcher wonders if literature was of studies conducted on student homelessness in urban areas of the country. If so, the data collected in this study would conflict with literature since this study was down in a West Texas area, and not in an urban city. Another reason for data conflicting with literature could be contributed to the higher socioeconomic status of the school used in this study.

### **Limitations**

The original number of participants wanted for this case study was five; however, this study was only able to acquire two adolescents willing to participate. The reason for this small number could be contributed to the local high school's demographics. The number of students that are identified as homeless or unaccompanied at the school could be small, and that could have been a contributing factor as to why this study was unable to gain more participants. Also, the school is located in an area of town that typically has a higher socioeconomic status; therefore, the number of students experiencing homelessness could be less than other high schools. Having a larger number of participants would have allowed this researcher to obtain a better understanding of the overall experience of student homelessness "individuals who lack a regular, and adequate nighttime residence..." (Section 722).

Having only two ethnicities represented is another limitation because this study only gained the experience of one Caucasian and one African-American student. If more

ethnicities were represented, this researcher could have seen how student homelessness affects ethnicities and cultures differently. Student homelessness is not handled in the same way by every ethnic group, so by having more ethnicities represented it would have provided an overall understanding of how this issue affects different cultures overall.

This researcher experienced was unable to retrieve the grades of the participants. Having the participants' grades would have allowed a better understanding of the ways experiencing homelessness could affect a student's overall academic success. During the psychosocial interview, the participants were asked to state their grades they obtain on average, and this researcher was obligated to rely on participant report rather than on factual evidence of obtained grades. This researcher realizes, in hindsight, that filing for a FERPA release on student grades would have allowed the study to be more accurate when measuring academic success of the homeless population.

Another limitation of this study was having self-reported surveys that measured quantitative data. The MFQ survey taken by both participants relied on the participants' perception of each question and self-disclosure. If a participant did not understand what a statement or question was asking, then it is possible for the measurements to be incorrect. One participant, for example, had a score of 0 on the MFQ, which is possible but unlikely considering the types of questions that were asked. Perhaps this participant did not feel comfortable in answering the questions honestly in fear that responses may be reported. Or perhaps the participant did not understand what the questions were asking. In the future, this researcher would like to utilize a more reliable form of measurement to have a greater understanding of the potential risk of depression in adolescents experiencing homelessness. In addition, this researcher realizes the need for diverse surveys. While the

MFQ provided valid data regarding mood and feelings of the participants, this researcher thinks that it would have been beneficial to obtain more information on stress and substance abuse of the participants. This information would have provided a more holistic view of homelessness effects on students.

The lack of data on the state of the participants' mental health, which would have allowed this researcher to dive deeper into the question "Does homelessness affect mental health?" This study has shown the impact that homelessness can have on a student's education, eating habits, and involvement in risky behavior however, knowing how homelessness can affect a student's self-esteem and stress levels would have been beneficial to this case study.

Qualitative data is subject to the researcher's personal biases and assumptions on the topic in question. Qualitative data is also heavily based on the researcher's interpretation of data therefore can be bias in nature due to the researcher having bias towards the sample population. Using quantitative data only is harder to input a researcher's bias and therefore is not as open to interpretation, but instead relies on more objective information.

Though there were limitations to this case study, overall the data answered the question, "what are factors associated with student homelessness?" This data provides information on some of the factors and issues homeless students struggle with on a daily basis, and will benefit this researcher in future practice.

### **Strengths**

Although there are limitations to the use of qualitative methodology, the strengths of using qualitative data are that it gives the reader an opportunity to hear actual answers

from the participants rather than answers from a yes/no survey. A case study gives the researcher a chance to do a holistic study on an individual and hear how the participants really think and feel about being a homeless student. There are complexities of the participants that were discovered by using a qualitative approach, which would not have been discovered by using quantitative research alone. This study also adds to existing literature on the factors associated with homeless and unaccompanied students. Future practitioners, schools, and agencies working with the homeless population can utilize this information.

### **Implications**

#### **Practice**

The data collected in this case study can benefit practitioners who work with the homeless population. Working with the homeless population requires special skill and knowledge, especially if the individuals are students. Knowing how homelessness can impact a student's life is crucial in providing the services those students need to succeed in school and in life. This information is also beneficial to social workers that work in schools because they can provide educators with resources on how to better assist these students and improve their education. Ability to identify homelessness is also beneficial because if a practitioner begins to see signs of potential homelessness, he or she can step in and begin services to provide a student needs. This information is also beneficial to organizations who specifically work with at-risk or homeless students to better serve their population and keep students from "falling through the cracks," and so the students can have every opportunity to succeed in life.

Because the data collected from this case study conflicts with some of what the literature says about homeless students, it is important for future practitioners to keep in mind that not every homeless student will fit the descriptions or stereotypes found in literature. Every homeless student will struggle in different areas of life and will have issues that are specific to their person. Practitioners need to keep in mind that not all factors listed in this case study will be relevant to every homeless student, and there may be factors that are associated with homelessness, but are not listed in this study.

### **Policy**

Implications for policy are to have improved policies and regulations set in place to better serve the homeless population. Not all school districts in Texas follow the same McKinney Vento definition of a homeless student. While they may recognize the McKinney Vento definition, some school districts choose not to apply this definition to their campuses when identifying the homeless students. One reason for this is because following the McKinney Vento definition of a homeless student would mean the school district hiring a position to work as a homeless liaison with just those students. Unfortunately, some smaller districts do not have the funds to allocate for this type of position. However, having a policy in place that requires all school districts to follow the same definition of a homeless student and requiring all districts to have a homeless liaison could improve the lives of the homeless students in that district. If all homeless students were identified the same across all districts, then moving to a different school district would mean receiving the same benefits in all schools. Currently, if a student transfers to a district that does not identify homeless students in the same way, then that student could potentially lose benefits that are provided to only homeless students.

Another implication for district policy is allowing programs that work with homeless students to have the opportunity to seek out those students themselves without requiring a recommendation to the program. This researcher was given permission to only seek out students who had been recommended to the Communities in Schools (CIS) program. With a school that has close to 1,000 students, there should have been more than two students to interview for this case study. Allowing programs such as CIS to work with any homeless student (with student consent) could benefit the homeless student population. Many students may not be aware of this type of program on their campus because recommendations are only made by teachers, counselors, and principals who see a student struggling in academics or behavior. This researcher wonders how many students missed the opportunity to work with this beneficial program based on the rule that every student has to be recommended by a teacher or counselor. What if there are students who do not struggle academically or with behavior but do not have their basic needs met? Not requiring a teacher recommendation would greatly benefit this program by allowing CIS coordinators to reach out to students they feel would benefit from this program.

### **Further Research**

Based on data collected for this case study, this researcher thinks that there is opportunity for further research with the homeless student population. Conducting a study on the frequency of homeless students choosing secondary education could be beneficial in discovering the impact homelessness has on a student's education. Another idea for further research is doing a study on the impact homelessness has on a student's mental health. While this case study touched on the impact homelessness has on mental



health, with questions regarding depression and suicide attempt, having a study that is more in depth would be extremely helpful in discovering how deeply mental health is impacted.

Another idea for further research would be conducting a study on the difference between homeless students in urban cities and homeless youth in rural areas. There is certainly a cultural difference between urban cities and rural areas of the country thus; this researcher wonders if homeless students are impacted differently based on their location? This researcher thinks that perhaps a study that compares the different locations of homeless students would provide accurate information on the impact homelessness has on the lives of students.

Finally, doing a study on if the length of time that a student is identified as homeless or unaccompanied, can impact the likelihood that the student will engage in risky behavior such as drugs/substance, sexual activity, violence, etc. If a student is identified as homeless or unaccompanied for more than five years, can this impact their engagement in risky behavior? This researcher thinks conducting a study on this question could benefit professionals in understanding why some homeless adolescents tend to engage in risky behaviors more than other students who are also identified as homeless.

### **Conclusion**

The purpose of this study was to answer the question “what are the factors associated with student homelessness?” The results provide insight into the lives of homeless students through self-disclosure, and demonstrate how support in the life of a homeless student might impact his or her life in a positive way. The review of literature educates professionals on the causes of homelessness and how it can influence different

areas of a student's life. The findings for this study demonstrate the importance of programs like Communities in Schools, and how incorporating these types of programs into all schools can benefit students experiencing homelessness. The implications for policy will also allow programs such as Communities in Schools to continue working with the homeless population and to provide services to students who can benefit from the program. Identifying homelessness and providing students with support in areas such as academics, behavior, and other social needs can positively change their lives forever.

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## APPENDIX A

### IRB APPROVAL LETTER

ABILENE CHRISTIAN UNIVERSITY  
*Educating Students for Christian Service and Leadership Throughout the World*  
Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885  
2/22/2016



Brittani Hudspeth  
Department of Social Work  
3310 Parkcrest Dr. Abilene, TX 79605  
Abilene Christian University

Dear Ms. Hudspeth,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled **The Factors Associated with Student Homelessness**

was approved by expedited review (46.110(b)(1) category 7 ) on 2/19/2016 for a period of one year (IRB # 16-005 ). The expiration date for this study is 2/19/2017 . If you intend to continue the study beyond this date, please submit the [Continuing Review Form](#) at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the [Inactivation Request Form](#) within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the [Study Amendment Request Form](#).

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the [Unanticipated Events/Noncompliance Form](#).

I wish you well with your work.

Sincerely,

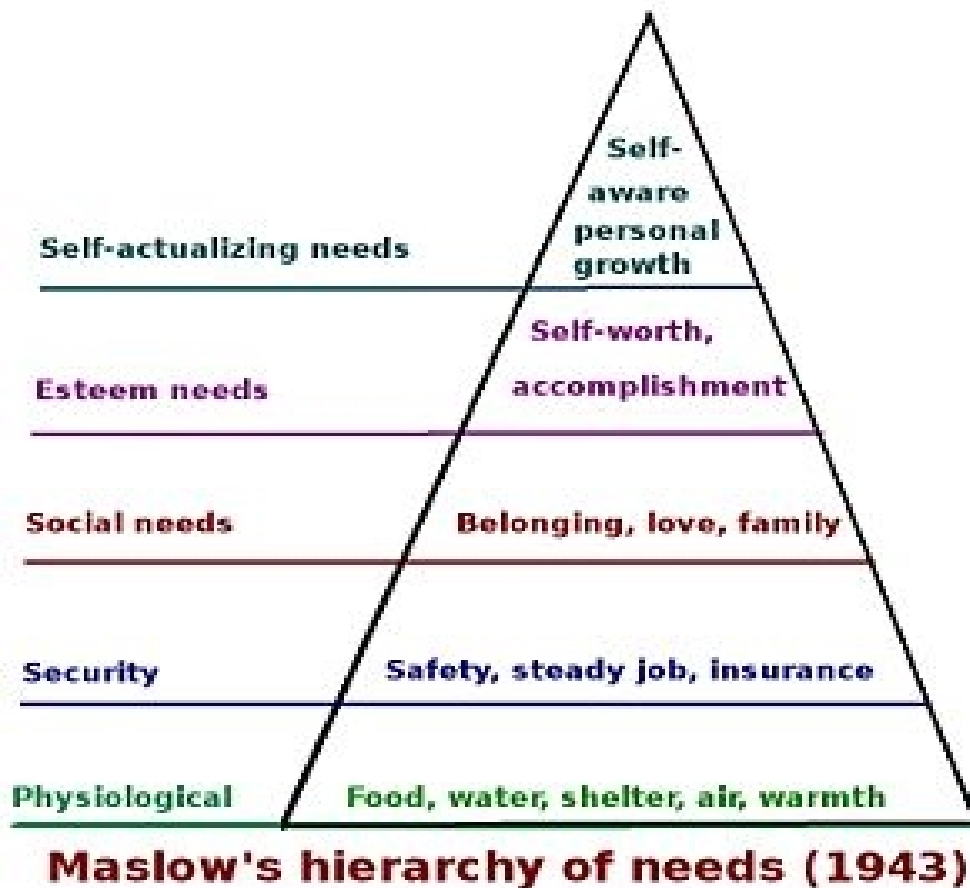
*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs

*Our Promise: ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.*

## APPENDIX B

### MASLOW'S HIERACHY OF NEEDS



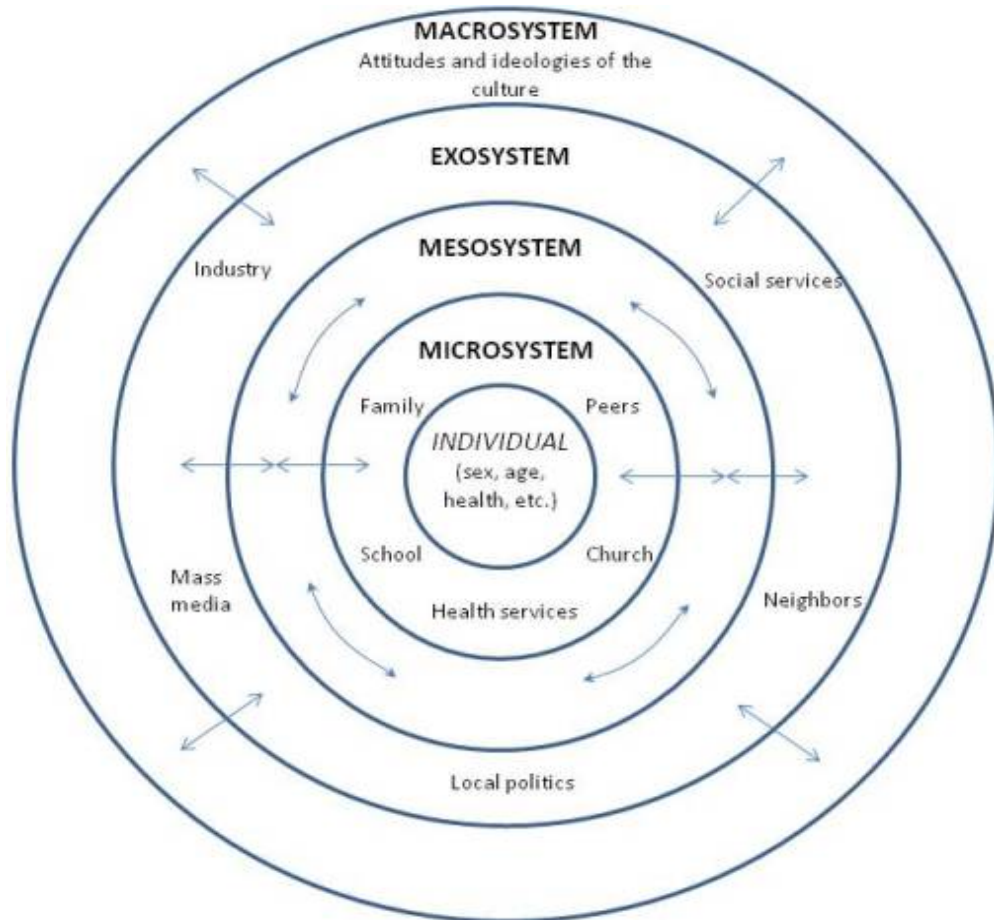
Retrieved from:

[https://commons.wikimedia.org/wiki/File:Maslow\\_hierarchy\\_of\\_needs.jpg](https://commons.wikimedia.org/wiki/File:Maslow_hierarchy_of_needs.jpg)

On April 19, 2016

APPENDIX C

SYSTEMS THEORY



Retrieved from:  
[https://en.wikipedia.org/wiki/File:Bronfenbrenner%27s\\_Ecological\\_Theory\\_of\\_Development.jpg](https://en.wikipedia.org/wiki/File:Bronfenbrenner%27s_Ecological_Theory_of_Development.jpg). On April 19, 2016

## APPENDIX D

### MOOD AND FEELINGS QUESTIONNAIRE

Child Self-Report

#### **MOOD AND FEELINGS QUESTIONNAIRE: Long Version**

This form is about how you might have been feeling or acting **recently**.

For each question, please check (☐) how you have been feeling or acting *in the past two weeks*.

If a sentence was not true about you, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about you most of the time, check TRUE.

To code, please use a checkmark ( <input type="checkbox"/> ) statement.	NOT TRUE	SOMETIMES	TRUE
1. I felt miserable or unhappy.			
2. I didn't enjoy anything at all.			
3. I was less hungry than usual.			
4. I ate more than usual.			
5. I felt so tired I just sat around and did nothing.			
6. I was moving and walking more slowly than usual.			
7. I was very restless.			
8. I felt I was no good anymore.			
9. I blamed myself for things that weren't my fault.			
10. It was hard for me to make up my mind.			
11. I felt grumpy and cross with my parents.			
12. I felt like talking less than usual.			
13. I cried a lot.			

To code, please use a checkmark ( <input type="checkbox"/> ) for ea			
14. I thought there was nothing good for me in the future.			
15. I thought that life wasn't worth living.			
16. I thought about death or dying.			
17. I thought my family would be better off without me.			
18. I thought about killing myself.			
19. I didn't want to see my friends.			
20. I found it hard to think properly or concentrate.			
21. I thought bad things would happen to me.			
22. I hated myself.			
23. I felt I was a bad person.			
24. I thought I looked ugly.			
25. I worried about aches and pains.			
26. I felt lonely.			
27. I thought nobody really loved me.			
28. I didn't have any fun in school.			
29. I thought I could never be as good as other kids.			
30. I did everything wrong.			
31. I didn't sleep as well as I usually sleep.			
32. I slept a lot more than usual.			

**Score the MFQ as follows:** NOT TRUE = 0  
SOMETIMES = 1 TRUE = 2



## APPENDIX E

### HEEADSSS PSYCHOSOCIAL INTERVIEW QUESTIONS

#### **The HEEADSSS Psychosocial Interview for Adolescents**

##### **Home:**

Who lives with you?

Do you have your own room?

What are relationships like at home?

To whom are you closest to at home?

To whom can you talk to at home?

Have you moved recently?

Have you ever had to live away from home?

Have you ever run away?

Is there any physical violence at home?

##### **Education and Employment:**

What are your favorite subjects at school?

What are your least favorite subjects at school?

How are your grades?

Have you changed schools in the past few years?

What are your future education/employment plans/goals?

Are you working? Where? How much?

Tell me about your friends at school.

Have you ever had to repeat a class? Grade?

Have you ever been suspended? Expelled? Have you ever considered dropping out?

Have your responsibilities at work increased?

Do you feel connected to your school? Do you feel as if you belong?

Are there adults at school you feel you could talk to about something important?

Why or why not?

**Eating:**

What do you like and not about your body?

Have there been any recent changes in your weight?

Have you dieted in the last year? How? How often?

Have you done anything else to manage your weight?

How much exercise do you get in an average day? Week?

What do you think would be a healthy diet? How does that compare to your current eating patterns?

Do you worry about your weight?

Have you ever taken diet pills?

What would be like if you gained or lost 10 pounds?

**Activities:**

What do you and your friends do for fun?

What do you and your family do for fun?

Do you participate in any sports or other activities?

Do you regularly attend a church group, club, or other organized activity?

Do you have any hobbies?

Do you read for fun?

How much TV do you watch in a week? How about video games?

What music do you like to listen to?

**Drugs:**

Do any of your friends use tobacco? Alcohol? Other drugs?

Does anyone in your family use tobacco? Alcohol? Other drugs?

Do you use tobacco? Alcohol? Other drugs?

Is there any history of alcohol or drug problems in your family?

Do you ever drink or use drugs when you're alone?

**Sexuality:**

Have you ever been in a romantic relationship?

Tell about the people that you've dated.

Have any of your relationships even been sexual relationships?

What does the term "safer sex" mean to you?

Do you practice safe sex?

**Suicide and Depression:**

Do you feel sad or down more than usual? Do you find yourself crying more than usual?

Are you having trouble getting to sleep?

Have you thought a lot about hurting yourself or someone else?

Does it seem that you've lost interest in things that you used to really enjoy?

Would you rather be by yourself most of the time?

Have you ever tried to kill yourself?

Have you ever had to hurt yourself (by cutting for example) to calm down or feel better?

Have you ever used alcohol or drugs to help you relax, calm down, or feel better?

**Safety:**

Have you ever been seriously injured?

Do you always wear a seatbelt in the car?

Have you ever ridden with a driver who was drunk or high?

Is there any violence in your home? Does the violence ever get physical?

Have you ever been raped on a date or any other time?

Have you ever been picked on or bullied? Is this still a problem?

Have you ever been a physical fight at school or outside of school?

Have you ever felt like you were not safe at school?

## APPENDIX F

### MOOD AND FEELINGS QUESTIONNAIRE RESULTS

<b>Statements:</b>	<b>NOT TRUE</b>	<b>SOMETIMES</b>	<b>TRUE</b>
I felt miserable or unhappy	2	1	
I didn't enjoy anything at all	1 2		
I was less hungry than usual	2		1
I ate more than usual	1 2		
I felt so tired so I just sat around and did nothing	2	1	
I was moving and walking more slowly than usual	1 2		
I was very restless	2	1	
I felt I was no good anymore	2	1	
I blamed myself for things that weren't my fault	1 2		
It was hard for me to make up my mind	2	1	
I felt grumpy and cross with my parents	1 2		
I felt like talking less than usual	2	1	
I cried a lot	2		1
I thought there was nothing good for me in the future	2	1	
I thought that life wasn't worth living	1 2		
I thought about death or dying	1 2		
I thought my family would be better off without me	1 2		
I thought about killing myself	1 2		
I didn't want to see	2	1	

my friends			
I found it hard to think properly or concentrate	2	1	
I thought bad things would happen to me	1 2		
I hated myself	1 2		
I felt I was a bad person	1 2		
I thought I looked ugly	1 2		
I worried about aches and pains	1 2		
I felt lonely	2		1
I thought nobody really loved me	2	1	
I didn't have in school	1 2		
I thought I could never be as good as other kids	1 2		
I did everything wrong	1 2		
I didn't sleep as well as I usually sleep	2	1	
I slept a lot more than usual	1 2		

MFQ Results: 1=Participant A, 2=Participant B

## APPENDIX G

### HEEADSSS PSYCHOSOCIAL INTERVIEW RESULTS

#### HEEADSSS Assessment Results

Question:	Participant 1	Participant 2
Who lives with you?	Friend, and friend's mom and stepdad	5 Siblings, Mom and Dad
Do you have your own room?	No.	Yes. I'm the only one.
What are relationships like at home?	Close, the family will help with things if I need it.	Good.
To whom are you closest to at home?	My friend and her mom.	My siblings
To whom can you talk to at home?	My friend and her mom.	Mom and Dad
Have you moved recently?	Yes right after Christmas.	Yes within the 5 months
Have you ever had to live away from home?	Yes.	Yes because I've been in foster care for 14 years.
Have you ever run away?	No.	Once when I was little.
Is there any physical violence at home?	No.	No.
What are your favorite subjects at school?	English	Social Studies
What are your least favorite subjects at school?	Math	Math, Science, and IPC
How are your grades?	As and Bs	Good....As, Bs, Cs.
Have you changed schools in the past few years?	No.	Yes I transferred to this high school during Christmas break.
What are your future education/employment plans/goals?	Cisco, then Texas Tech. I want to major in Education to be a teacher.	Go to college and do martial arts professionally (UFC)
Are you working? Where? How much?	Yes. I work at Century 12 for about 12 hours, but it's about to be 24 a week.	I have one in the past, but I do not have one currently.
Tell me about your friends at school.	I don't have many. I hang out with my roommate outside of school, but that's about it.	I have some friends at school, the relationships are good and bad.
Have you ever had to repeat a class? Grade?	No.	I had to repeat third grade.
Have you ever been suspended? Expelled? Have you ever considered	No.	I have been suspended for possession of tobacco. NO.

dropping out?		
Have your responsibilities at work increased?	Yes I close by myself a lot now. I work in concession at the movie theater.	No I don't have job.
Do you feel connected to your school? Do you feel as if you belong?	No. A lot of the students are rich and preppy.	Yes.
Are there adults at school you feel you could talk to about something important?	Yes. One of the teachers last year knew about my family conflict, and she was always there to talk with me when I needed it.	Yes...I can talk to my Communities in Schools worker.
What do you like and not about your body?	I think my body is fine. I don't have any problems with it.	I feel as if I'm overweight.
Have there been any recent changes in your weight?	Yes, but slight.	I gained 20 pounds in three months.
Have you dieted in the last year? How? How often?	No.	I was on a diet for two weeks.
Have you done anything else to manage your weight?	No.	I play football and I workout.
How much exercise do you get in an average day? Week?	I walk a couple times of week.	During school for 40 minutes. After school a few days a week.
What do you think would be a healthy diet? How does that compare to your current eating patterns?	Balanced diet...follow the food pyramid. My diet follows my idea of a healthy diet pretty closely.	Portion control and balanced meals. They match up most of the time, when I don't eat lunch I have bigger portions at dinner.
Do you worry about your weight?	No.	NO.
Have you ever taken diet pills?	No.	NO.
What would be like if you gained or lost 10 pounds?	If I gained 10 pounds I would be happy, but if I lose 10 pounds I would be angry.	I would feel good if I lost 10 pounds.
What do you and your friends do for fun?	We go to the mall or the park. We also go to the movies.	I don't really hang out with friends during the school year. If I do, we play video games.
What do you and your family do for fun?	Watch movies at the house.	We go out to eat, the movies, vacations.
Do you participate in any sports or other activities?	I participate in Audio Visual so I have to tape a	Football.



	lot of activities around the school.	
Do you regularly attend a church group, club, or other organized activity?	I go to church every Wednesday and I am involved in youth group.	I'm in youth group at a local church.
Do you have any hobbies?	I like taking pictures. I also like scrapbooking.	Video games, karate, and I like to hangout and be social.
Do you read for fun?	Yes. I like to read Nicholas Sparks books.	No.
How much TV do you watch in a week? How about video games?	Usually not a lot, but lately I have been watching about 2 hours a week. I don't usually play video games.	Two hours a day on average for T.V. I play more video games on the weekend...maybe three hours.
What music do you like to listen to?	Country, pop, classic rock.	Rap and Christian hip hop.
Do any of your friends use tobacco? Alcohol? Other drugs?	Not that I know of.	No.
Does anyone in your family use tobacco? Alcohol? Other drugs?	Yes my friend's dad smokes cigarettes.	No.
Do you use tobacco? Alcohol? Other drugs?	No.	Not recently.
Is there any history of alcohol or drug problems in your family?	No.	My biological mother used meth and drank alcohol.
Do you ever drink or use drugs when you're alone?	No.	No.
Have you ever been in a romantic relationship?	Yes.	Yes.
Tell about the people that you've dated.	I've dated three or four people, and all of the relationships were good. There was never violent.	I've dated three people and they were bad.
Have any of your relationships even been sexual relationships?	No.	Yes.
What does the term "safer sex" mean to you?	Wear a condom.	Use condoms.
Do you practice safe sex?	I've never had sex, but if I ever did I would practice safe sex.	I didn't in the past...I would in the future.
Do you feel sad or down more than usual? Do you	Crying yes, but I haven't really felt sad or down.	No.

find yourself crying more than usual?		
Are you having trouble getting to sleep?	Yes...not sure why.	I take sleeping pills to help me sleep. Prescription from a doctor.
Have you thought a lot about hurting yourself or someone else?	No.	No.
Does it seem that you've lost interest in things that you used to really enjoy?	No.	No.
Would you rather be by yourself most of the time?	No.	I like being social.
Have you ever tried to kill yourself?	No.	When I was little I attempted but I do not feel that way anymore.
Have you ever had to hurt yourself (by cutting for example) to calm down or feel better?	No.	NO.
Have you ever used alcohol or drugs to help you relax, calm down, or feel better?	NO.	I used spray paint and drank alcohol in the past, but I do not do it anymore.
Have you ever been seriously injured?	No.	No.
Do you always wear a seatbelt in the car?	Yes.	Yes.
Have you ever ridden with a driver who was drunk or high?	NO.	NO.
Is there any violence in your home? Does the violence ever get physical?	No.	No.
Have you ever been raped on a date or any other time?	No.	NO.
Have you ever been picked on or bullied? Is this still a problem?	Yes....no.	No.
Have you ever been a physical fight at school or outside of school?	Yes...at home with my biological dad. This is why I moved out and moved in with my friend and her family. I consider them family now too.	Yes....like four times.
Have you ever felt like you were not safe at school?	No.	No.